



United States  
Environmental Protection Agency  
Washington, DC 20460

☒ Registration  
☐ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 42750-xxx	2. EPA Product Manager C. Aubee	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Bifenthrin Technical	PM# Invertebrate-Vertebrate Branch 1	
5. Name and Address of Applicant (Include ZIP Code) Albaugh, LLC P.O. Box 2127 Valdosta, GA 31604-2127 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 279-3055 Product Name Bifenthrin Technical	

## Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input checked="" type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Initial application to register.

This application is being submitted under the PRIA IV Fee for Service program as a R333 application with a 10 month review time and \$19,838 fee.

An electronic transfer for that amount has been made to the Agency concurrently with this application.

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 55 Lb (25 Kg)		5. Location of Label Directions <input checked="" type="checkbox"/> On label attached to container	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Morris Gaskins		Title Director Product Registrations	
		Telephone No. (Include Area Code) 229-244-3288	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Director Product Registrations	
4. Typed Name Morris Gaskins		5. Date May 13, 2019	